

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1.	COL MILLER	
2.	LTC JACHIM	
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	<input checked="" type="checkbox"/> For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Please keep in limited dissemination.
Rx K

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No. —Bldg.
COL Kennedy DAMI-15H	Phone No.

5041-102

GPO : 1977 O - 241-530 (3450)

OPTIONAL FORM 41 (Rev. 7-76)
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